

Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance (TA) Cash Benefits

This form must be used to request the replacement of SNAP and/or TA cash benefits that were stolen through electronic means like card skimming, card cloning, third party misrepresentation or other similar fraudulent methods such as phishing.

Section A: Household Information

Case Name		County
Case Number or Client ID Number (CIN)	Last 5 digits of EBT Card	Date of Birth
Address (including house and Apt number)	City, State, Zip	Phone Number

Section B: Benefit Theft Information

I, _____, am the head of household or an adult household member for the above-named case and wish to report the following to the agency representative:

Date I discovered that benefits were stolen: _____ (this date must be within the past 30 days or your application may be denied for untimely submission.)

Total amount of stolen SNAP benefits: \$ _____

Total amount of stolen TA Cash Benefits: \$ _____

I had my EBT card with me at the time my benefits were stolen: Yes No

I reported my EBT card lost or stolen: Yes No

Please list the transactions that were not made by you (please attach additional sheets if necessary):

Date of Transaction	Program Type (SNAP or TA Cash)	Amount of Transaction	Retailer Name & Location (address) of Transaction

Please provide any additional information about the theft you feel is important for us to know:

Section C: Certification

I understand and agree to the following:

- I must complete, sign, and submit this form to request the replacement of stolen benefits.
- I declare under penalty of perjury that the information I provided in this request is true and accurate.
- The submission of this request does not guarantee that my benefits will be replaced.
- If I have not already replaced my compromised EBT card, it will be deactivated and replaced on my behalf.
- If I have knowingly given incorrect information about the facts stated above, I may be charged with an intentional program violation (IPV) and may be subject to civil and criminal penalties including, but not limited to, penalties for perjury or filing a false instrument. I will also have to pay back any benefits I was not eligible to receive.
- I have a right to a fair hearing to contest the denial or delay of replacement issuance for my household. Replacements would not be issued pending the fair hearing decision.

Signature

Date

Note: This completed and signed form must be submitted to your local district. This form may be submitted in person, by mail, or through NYDocSubmit.

Section D: District Determination

District Use Only

Replacement Approved? Yes No

Replacement Amount(s): SNAP - \$ _____ TA Cash - \$ _____

Comments:

Worker Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Instructions for Completing the *Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance (TA) Cash Benefits*

If you are blind or seriously visually impaired and need this form and/or the *Request for Replacement of Stolen Supplemental Nutrition Assistance Program SNAP and/or Temporary Assistance (TA) Cash Benefits* application in an alternative format, you may request them from your local Social Services District (district). The following alternative formats are available:

- Large print;
- Data format (a screen reader-accessible electronic file);
- Audio format (an audio transcription of the instructions or application/recertification questions);
- Braille, if you assert that none of the alternative formats above will be equally effective for you.

If you require another accommodation, please contact your social services district.

General

The *Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance (TA) Cash Benefits* application should be completed by households that have experienced scam-related benefit theft. This type of theft occurs when SNAP and/or TA cash benefits are stolen through electronic means such as EBT card skimming, cloning, third party misrepresentation, or other similar fraudulent methods like phishing.

You must complete each section as fully and accurately as possible, and sign and date this application before you submit it. In order to be determined eligible for replacement benefits, you must submit this application **within thirty (30) days** from the date you discovered your benefits were stolen. After 30 days, you are not eligible for replacement benefits.

Section A: Household Information

This section collects basic demographic information about your household circumstances.

Section B: Benefit Theft Information

This section collects specific information about the SNAP and/or TA cash benefit theft and information about the EBT card you had when your benefits were stolen.

Please note, if you have not reported your EBT card lost or stolen and have not yet requested a new EBT card since your benefits have been stolen, your SNAP or TA account is likely still at risk. No replacement benefits may be issued until you have reported your compromised EBT card lost or stolen. To report your card stolen, request a new card, and change your PIN please call EBT Customer Service at 888-328-6399, or go to <https://ebtEDGE.com>.

If your compromised card has not been deactivated prior to application, it will be deactivated on your behalf and a replacement card will be sent to you during the application review process. This may delay your receipt of a replacement benefit if you are eligible.

Transactions

List each SNAP or TA cash transaction you did not make on a separate line, even for purchases occurring on the same date or at the same retailer. If more lines are needed, please attach additional sheets as necessary. You can find and view this information by checking your EBT history at <https://www.ebtEDGE.com/> or by downloading the ebtEDGE mobile app (available for download in the Apple App Store and Google Play Store). Alternatively, you may also find this information by calling the toll-free EBT Customer Service Helpline at 1-888-328-6399. You may use the helpline to:

- Hear your last ten transactions on the automated menu.
- Request a printed 2-month statement of your account history from the automated menu or from a customer service representative.
- Review your transactions with a customer service representative.

Additional Information

Please print any additional information about the theft that you feel is important for your district to know. For example, if you believe you know how your account was compromised, please explain that here.

Section C: Certification

Please read the certification section carefully. If you agree to the terms of the certification, please sign and date the application. Your signature and date are required to process the request.

Section D: District Determination

The remainder of the application is for district use. Do **not** write in the District Use Only section. If additional space is needed for any of the application sections, please attach a separate piece of paper with the additional details.

Replacement Benefit Eligibility and Calculation

You do not need to have an active SNAP or TA case to be eligible to receive a replacement benefit if it has been determined that your benefits were stolen through electronic means such as EBT card skimming, cloning, third party misrepresentation, or other similar fraudulent methods like phishing. The availability of a replacement benefit depends upon the type of benefit that was stolen.

TA

The issuance of replacement TA cash benefits is limited to those households who had a scam-related theft of TA cash benefits **on or after January 1, 2022**. Households may not receive more than two (2) replacement TA cash benefits for the time period from January 1, 2022 through September 30, 2022. Thereafter, households may not receive more than two (2) replacement TA cash benefits in a single federal fiscal year (October 1, 2022 through September 30, 2023, and October 1, 2023 through September 30, 2024). After September 30, 2024, households will only be eligible to receive one (1) replacement TA cash benefit in a single federal fiscal year.

SNAP

The issuance of replacement SNAP benefits is limited to those households who had a scam-related theft of SNAP benefits **on or after October 1, 2022 through September 30, 2024**. Households may not receive more than two (2) replacement SNAP benefits in a single federal fiscal year (October 1, 2022 through September 30, 2023, and October 1, 2023 through September 30, 2024).

LDSS-5215 (Rev. 5/24)

For both benefit types, the replacement benefit you are eligible to receive is either the amount of SNAP or TA cash benefits that were stolen, or an amount equal to two (2) times the SNAP or TA cash benefits you received in the most recent complete month during which you received SNAP or TA cash before your benefits were stolen, **whichever is less**.

Instructions for Submission

For households who live outside of New York City, this application may be submitted to your local district in person, by mail, or by mobile upload through NYDocSubmit.

- **Mail/In Person:** To find your local district address and contact information you can visit our website: <https://otda.ny.gov/workingfamilies/dss.asp> or call the toll-free OTDA Hotline: 1-800-342-3009.
- **Mobile Upload:** you can use the NYDocSubmit mobile app to upload the application to your district by taking a picture of the application and submitting the images through your mobile device. For more detailed instructions, please visit our website: <https://otda.ny.gov/programs/nydocsubmit/>.

For households who live in New York City;

- **Apply Online:** Log in to your ACCESS HRA account or visit <https://www.nyc.gov/site/hra/help/benefitreplacement.page>
 - **Applying online is the fastest, easiest way to apply!**
- **Mail:** You can mail a completed paper application to:
 - PO Box 29006 Brooklyn, NY 11202.
- **In-Person:** You can visit any Benefits Access or SNAP Center. You can find a Center on NYC.gov (<https://www.nyc.gov/site/hra/locations/locations.page>)